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ABSTRACT

This study explored the relationship between characteristics of abuse and time before seeking treatment for adults molested as children. Those who sought early treatment were called early presenters; those who sought treatment later in life were called late presenters. Data were collected from intake interviews of 364 adults molested as children. Data were analyzed using Stepwise Multiple Linear Regression. The results indicated that age at onset of abuse, duration of abuse, whether the abuse was reported to law enforcement, and the number of sexual acts were all factors significantly related to the number of years between the end of molestation and seeking treatment. Each factor was individually related to time before seeking treatment, but the combination of these factors significantly increased predictive value and accounted for a 36% percentage of the variance. The directions of the correlations indicated that those who came to treatment early had reported their abuse to law enforcement, were older when abuse began, had an abuse of long duration, and experienced more sexual acts. Overall, these results indicated that there were at least two distinct patterns of abuse that related to when adults molested as children presented themselves for treatment. (Author/BHK)

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Characteristics of Abuse That Influence When Adults Molested as Children Seek Treatment

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Abstract

The present study explores the relationship between characteristics of abuse and time before seeking treatment for adults molested as children. Data were collected from intake interviews of 364 adults molested as children. Data were analyzed using Stepwise Multiple Linear Regression. The results indicated that four factors (age at onset of abuse, duration of abuse, whether the abuse was reported to law enforcement, and number of the sexual acts) were significantly related to the number of years between the end of molestation and seeking treatment with child sexual abuse as the presenting problem. These four factors accounted for 36% of the variance (RSQ=.358). The directions of the correlations indicated that those who came to treatment early had reported their abuse to law enforcement, were older when abuse began, had an abuse of long duration, and experienced more sexual acts. These findings are discussed in the context of past studies on the impact of sexual abuse, amnesia in sexual abuse survivors, and patterns of early and late presentation into treatment.

Characteristics of Abuse That Influence When Adults Molested as Children Seek Treatment

Why do some adult victims of child sexual abuse seek treatment earlier than others? Are there any factors that predict when adult victims seek treatment, or is it solely a matter of individual or societal characteristics such as temperament or level of support? The answer to these questions would not only be helpful for clinicians, but can add to our understanding of how people process and resolve their sexual abuse experiences (Carmen, Rieker, & Mills, 1984). The present study examines the relationship between characteristics of the abuse experience itself, and the timing of treatment.

Sgroi and Bunk (1988) examined the timing of treatment question by describing symptoms of sexual abuse and patterns of presentation for adults molested as children. They found, based on their clinical experiences, that persons who seek treatment early (i.e., "early presenters") differ in their symptoms and treatment needs from "late presenters." Early presenters tend to have very serious symptoms such as substance abuse, psychotic episodes, self-mutilation, prostitution, and suicide attempts. Late presenters, on the other hand, may appear to function well and be asymptomatic, and may not seek treatment until their late 20's or beyond. The response of the late presenters is similar to the dissociated response described by van der Kolk and Kadish (1987), whereby victims can psychologically distance themselves from the trauma and leave most of their personality unaffected by the abuse. This dissociation is effective until memories start to surface, often after a significant life event has occurred. Once the memories of late presenters start to surface, however, their symptoms can also be very severe.

Lindberg and Distad (1985) examined the relationship between post-traumatic stress disorder and symptoms that led victims to seek treatment. They found that a significant number of victims in their sample manifested symptoms of PTSD, including flashbacks and intrusive memories. Approximately one third experienced dissociative reactions, including amnesia. Lindberg and Distad also presented some descriptive information about the characteristics of their subjects' incestuous experiences (age of onset, duration, and identity of the perpetrator) but only linked this information to symptoms and timing of treatment in a qualitative fashion.

The papers described above focus on the relationship between symptoms and timing of treatment. Another area of research is on adult victims' repression of memories of abuse, and the characteristics of abuse that predict this repression. Herman and Schatzow (1987) found that age of onset, duration of the molestation, and degree of violence were related to whether the women repressed the memories of abuse. Women whose molestations started at an early age, were of short duration, and included force or violence were more likely to repress memories of abuse than those whose abuse started later, ended during adolescence, and did not include force or violence. The authors speculated that repression might have been one of the few resources available to young children to help them deal with overwhelming trauma. In a similar vein, Briere and Conte (1989) studied this issue with a larger sample (N=279). They also found that subjects whose molestations were at an earlier age and included violent abuse were more likely to experience amnesia regarding their abuse experiences.

Neither of these studies discussed the length of time between the end of molestation and seeking treatment for sexual abuse, but it is not unreasonable to assume that victims with no memory of their abuse experiences would be those who come to treatment later. The amnesiacs may be a significant part of the group Sgroi and Bunk (1988) described as late presenters. Late presenters may function well on the surface until a life event, such as marriage or the birth of a child, brings memories of molestation forward. Based on these past studies (Briere & Conte, 1989; Herman & Schatzow, 1987), late presenters might be those with an early age of onset and a molestation of short duration, while early presenters might be those with a later age of onset and a molestation of longer duration. (Force would also be an important variable to examine, but data on the force involved in the molestation were not collected for the present study.) Some of the other variables included in the present analysis are those that have been shown to relate to negative impact or symptoms of abuse in past studies. In addition to age of onset and duration of molestation, sex of the subject, severity and number of the sexual acts, and whether the molestation was reported to law enforcement were included in the analysis.

Two studies with child victims (Friedrich, Urquiza, & Beilke, 1986; White, Halpin, Strom, & Santilli, 1988) have shown that boys and girls often present different patterns of symptoms. Therefore, subjects' sex might also be related to when they seek treatment. Severity of the sexual acts (i.e., whether the molestation included penetration) has been shown to influence the number of symptoms for both adult (e.g., Russell, 1984) and child victims (Friedrich, Urquiza, & Beilke, 1986). Victims who experienced penetration are

often more symptomatic than those who do not, which might also relate to timing of treatment. Similarly, number of sexual acts was included as another more objective measure of severity. Finally, whether the abuse was reported to law enforcement was included because of its potential relationship to duration and severity of the sexual acts.

Method

Subjects

The subjects were 364 adults molested as children (AMACs): 89% female and 11% male. This sample included all the adults molested as children who were interviewed at intake between January, 1984 and March, 1985, and were typical of clients seen at the Child Sexual Abuse Treatment Program (CSATP). They were predominantly Caucasian (88%), but 11% were Hispanic and 1% were Asian. The mean age was 30 years (range=18-59 years).

There was a mean of 17 years between the end of the molestation and first seeking treatment, with child sexual abuse as the presenting problem (range=0-49 years). Eight of the 364 AMACs waited at least 40 years before seeking treatment. Only 17.8% of the subjects had reported their molestations to a law enforcement agency. The majority of the subjects were self-referred to CSATP. Others were referred by a friend, or were referred by another agency. They were interviewed before beginning treatment.

Procedure

The data were collected at an intake interview administered at the time the adults molested as children entered the Child Sexual Abuse Treatment Program in San Jose, CA. In most cases, a staff member or intern conducted this initial interview by telephone.

The CSATP staff designed the standard intake interview to collect information about the particulars of the victim's sexual- abuse experience, such as the relation of the perpetrator to the victim, the age at onset and end of the molestation, the type of molestation, the current age of the victim, the sex of the victim, and whether the molestation was reported to law enforcement. The purpose of the interview was to provide background information for the clinical staff.

The intake and referral coordinator or CSATP interns conducted all interviews. All interviewers had received extensive training in the treatment of child sexual abuse at the Institute for the Community as an Extended Family, and most were interning for their Marriage, Family, and Child Counselor licenses. Most of the interviewers had not been trained in standard interviewing techniques, however, since the primary purpose of the interview was to collect data for clinical use.

Coding and Data Conversion

The categories of molestation examined in this study are fondling from the waist up, fondling from the waist down, oral intercourse (both cunnilingus and fellatio), attempted intercourse, simulated intercourse, vaginal intercourse, and anal intercourse. Severity of the molestation was calculated in two ways: the total number of sexual acts the molestation included, and the severity of the sexual acts. Data on the type of molestation were available from 278 of the 364 subjects.

Each victim could have experienced from 1 to 7 types of molestation. The coding for severity of sexual acts was similar to the coding scheme used by Russell (1984). The coding specifications

are based on whether the molestation included phallic acts, and are as follows: 1=fondling from the waist up or waist down, and no other sexual acts; 2=attempted or simulated intercourse, and no oral, anal, or vaginal intercourse; and 3=oral, anal, or vaginal intercourse. Each subject received a code of either 1, 2, or 3 for severity of sexual acts.

Analysis

Data were analyzed using Stepwise Multiple Linear Regression. The independent variables were age at onset of molestation, whether the molestation was reported to law enforcement, duration of the molestation, sex of the victim, number of sexual acts, and severity of the sexual acts. The dependent variable was the number of years between the end of the molestation and when the victim sought treatment at CSATP with child sexual abuse as the presenting problem.

Results

The data indicated that four factors were significantly related to the number of years elapsed before victims sought treatment: report to law enforcement, age of onset, duration, and number of sexual acts. The descriptive data and regression coefficients for these four factors are found in Table 1. These four factors together accounted for 36% of the variance (RSQ=.358), $F(4,271)=37.84$, $p<.001$.

Insert Table 1 about here

Using the partial regression coefficients, the regression equation for these factors is as follows: Y = 36.08 - 1.33(X1) - .788(X2) - 6.42(X3) - .061(X4), where Y=number of years to seek treatment; X1=age of onset; X2=duration; X3=report to law enforcement

(1=yes, 0=no)] and X4=number of sexual acts (see Table 1).

The direction of the coefficients allows for the formulation of profiles for early and late presenters based on the characteristics of their molestations. These profiles are presented in Table 2.

Insert Table 2 about here

Discussion

Consistent with past findings, age of onset and duration were significantly related to when victims sought treatment. In addition, whether victims reported their molestations to law enforcement and the number of sexual acts were also significantly related to timing of treatment.

Each factor was individually related to time before seeking treatment, but the combination of these factors significantly increased predictive value and accounted for a large percentage of the variance. Gelinas (1983) also found that examining a combination of variables gave a more accurate picture of a molestation experience. In the present study, examining the entire molestation experience, rather than a single factor, helps us more accurately predict when a person will seek treatment.

The direction of the individual coefficients provides interesting information about the profile of early and late presenters. The profile for the late presenters (see Table 2) is remarkably consistent with the results of two previous studies on amnesia in adults molested as children (Briere & Conte, 1989; Herman & Schatzow, 1987). The early age of onset is related to a long amount of time before the victim seeks treatment. One possible explanation for this finding is that

many of the late presenters were amnestic until recently. Along this same line, a short duration of molestation combined with an early age of onset could mean that the molestation of many of the late presenters was completed before adolescence--a condition that Herman and Schatzow (1987) specifically describe as being related to amnesia.

The report to law enforcement is also consistent with both the young age of the victims and the time period during which they were molested. Perhaps they did not tell because there was no one to tell (Carmen, Rieker, & Mills, 1984), especially since many in this group were the oldest when they came to treatment. This could reflect the lack of resources available to them during their childhoods. Finally, the lower number of sexual acts for this group should not be construed as the acts being less severe. Many victims who only experienced one or two sexual acts, experienced the most severe (i.e., oral, anal, or vaginal intercourse). Although we do not have a measure of force used in the present study, there is indirect indication that there was force involved for some of the victims with few acts since the perpetrators did not appear to "groom" them by progressing through a series of sexual acts. This indirect finding about force is also consistent with the studies on amnesia, which could explain the late presentation of abuse.

The profile for the early presenters presents a different picture. Molestation started at a later age for these victims, which might mean that they were more fully aware of the implications of their activities (Herman & Schatzow, 1987; MacFarlane, 1978). Also there was longer duration of molestation, and a greater number of sexual acts, which could imply that there was "grooming" of victims by perpetrators. Although these aspects may not relate to amnesia

(Briere & Conte, 1989), they may relate to victims thinking more negatively about their abuse experiences. The victims with the highest number of acts also tended to have experienced the whole range of acts, including the most serious. The older age of the victim and the longer duration of molestation both increased the likelihood that the molestation would be discovered and reported to law enforcement. Again, the report to law enforcement could also be a cohort effect, reflecting a greater number of resources now being available to help child victims. Sadly, anecdotal evidence from this sample revealed that victims' reports to law enforcement very rarely resulted in treatment.

Overall, the results of the present study indicate that there are at least two distinct patterns of abuse that relate to when adults molested as children present themselves for treatment. These patterns tie in with research on amnesia and appear to be useful models by which clinicians can understand some of the coping mechanisms used by survivors. We make a mistake if we talk about which group was "most severely" affected, however, especially if we conclude that the group that initially appears to be asymptomatic was not adversely affected. Once late presenters come to treatment, they may need immediate crisis care (Sgroi & Bunk, 1988), and show serious symptoms as well.

In conclusion, adults molested as children vary in a number of important ways including their levels of social and familial support, and different coping strategies. These differences make it difficult to generalize reactions to a molestation experience across victims. Nevertheless, even with these individual differences between victims, four factors have surfaced as significantly related to when they seek

treatment. The emergence of these four factors indicates that there are also some similarities among victims as they process their child abuse experiences.

Perhaps future studies could examine life events related to when victims seek treatment, and provide a more complete model of abuse, sequelae of abuse, treatment, and resolution. These future studies might lead to a better understanding of the resolution of past abuse, and aid professionals in furthering this process.

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Table 1

Stepwise Multiple-Regression Analysis for Time Before Seeking Treatment

Variable	Mean (SD)	Range	Partial Regression Coefficient (B)	Beta	Correlation Coefficient
Age of Onset (X1)	7.8 (3.42)	1-17	-1.33	-.481	-.316
Duration (X2)	5.48 (4.51)	0-24	-.79	-.251	-.222
Report to Law Enforcement (X3)	82% (no report)	0-1	-6.41	-.377	-.308
Number of Acts (X4)	2.87 (1.14)	1-6	-1.27	-.152	-.293

Table 2

Profiles of Early and Late Presenters Based on Characteristics of Abuse

Early Presenters	Late Presenters
Late age of onset	Early age of onset
Long duration of molestation	Short duration of molestation
Reported to law enforcement	Not reported to law enforcement
Greater number of sexual acts	Fewer sexual acts